

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF HEALTH FACILITIES
HEALTH OCCUPATIONS CREDENTIALING

Credit Card Charge for **Discover Card Only**

A 2.5% convenience fee will be assessed on this transaction to cover costs associated with the acceptance of this credit card. The 2.5% convenience fee is in addition to the amount of the requested service. This form must be attached to request form.

This charge is for: _____
(please print name)

As payment of license fees for: ☐ Adult Care Home Administrator
☐ Dietitian
☐ Speech Language Pathologist
☐ Audiologist

Fee amount being paid \$ _____

Discover Card Number **(required)**

Expiration Date **(required)**

Name of Cardholder **(required)**

Signature **(required)**

By my signature, I acknowledge my understanding that a 2.5% convenience fee will be included in the final total of this transaction.